



The Intersection of Mental Health and Jails: A Discussion of Select Practices from Across the State

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NC Sentencing and Policy Advisory Commission (SPAC)

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About

Membership

- 28 members representing components of the criminal justice system

Independent

- Members appointed by leaders of all three branches of government

Purpose

- Advise General Assembly and criminal justice agencies on criminal justice policy

Duties

Legislative and other requests

Mandates

- Monitor sentences imposed under Structured Sentencing
- Annual population projections
- Evaluate implementation of the Justice Reinvestment Act (JRA)
- Review criminal justice bills and provide fiscal impact
- Biennial recidivism reports (adult, juvenile)

SPAC Research and Policy Study Group

- ▶ Purpose: To explore criminal justice research findings that could impact recidivism
 - ▶ Focus on non resource-related recommendations
- ▶ Important intersection of mental health and the criminal justice system
 - ▶ Those with mental illness tend to recidivate at higher levels
 - ▶ Mental health patients' high use of criminal justice resources
 - ▶ Criminal justice system not well-equipped to handle needs of this population
- ▶ Why focus on jails?
 - ▶ Other efforts focused on earlier and later stages of the project
 - ▶ Opportunity for identification and/or intervention when confined

Development of Site Visit Project

- ▶ Purpose: To learn about field practices when addressing the mentally ill in local jails
- ▶ Locations
 - ▶ Pilot: Richmond and Mecklenburg
 - ▶ Additional Counties: Burke and Durham
- ▶ Population limited to those not considered “in crisis”
- ▶ Stakeholders:
 - ▶ Sheriff
 - ▶ County Commissioner
 - ▶ Local Management Entity-Managed Care Organization (LME-MCO)
 - ▶ Provider
 - ▶ Other available criminal justice services

Development of Publication from Site Visit Project

- ▶ Compilation of observations from the field during the site visits staff conducted and accompanying best-practices research
- ▶ Purpose is to share information about practices implemented in select other jurisdictions
- ▶ Goal that this could facilitate discussion for stakeholders to consider how and if those practices could enhance their own practices
- ▶ Focus on developing a user-friendly resource
 - ▶ Organized by topic
 - ▶ Questions for consideration at the close of each section

Approach for Today

- ▶ Overview of the publication topics and specific methods within
- ▶ Highlight some of the challenges areas are facing
- ▶ Panelists will discuss the approaches their areas are undertaking
- ▶ Ask questions along the way!

Panel Discussion

Getting Started

- ▶ Focus on collaboration
 - ▶ Who needs to be at the table?
 - ▶ Questions for group discussion available in publication
- ▶ Analyze existing practices
 - ▶ Sequential Intercept Model
- ▶ Identify goals and priorities
- ▶ National Stepping Up Initiative

Importance of Identifying the Mentally Ill in Custody

- ▶ Protects the safety of officers and safety of inmates
- ▶ Allows a tailored response to their specific needs and the most efficient use of resources. Examples of specific needs:
 - ▶ Diagnoses
 - ▶ Severity
 - ▶ Connection to services
- ▶ Anticipate future needs
- ▶ Variety of methods to ID; most areas using more than one approach

Mental Health Screening in Jails

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- ▶ Purpose is to flag inmates with potential mental illness so that a mental health professional may follow up
- ▶ Mental health screening in jails was mandated by S.L. 2007-323
 - ▶ Most areas are still screening, using Brief Mental Health Jail Screener
- ▶ Benefits of MH screening
 - ▶ May help to identify persons otherwise unknown to the mental health system
 - ▶ Relatively short to administer
 - ▶ Can be administered by non-health professionals
 - ▶ Evidenced-based (reliable)

Challenges with Mental Health Screening

- ▶ Challenge 1: How to encourage honest and accurate self reporting
 - ▶ Approach 1a. Timing of screening
 - ▶ Approach 1b. Administrator of screening
 - ▶ Approach 1c. Location of screening
- ▶ Challenge 2: Who is the responsible party for follow up?
 - ▶ Approach 2a: Nurse/Psychiatrist
 - ▶ Approach 2b: MH provider
- ▶ Challenge 3: Managing the size of the population needing follow-up
 - ▶ Approach 3a: Develop a triage system

Dedicated Point of Contact

- ▶ Benefits
 - ▶ Creates a resource for inmates with mental illness
 - ▶ Creates a tangible contact for officers to refer inmate issues to
 - ▶ Can facilitate care for inmates' return to the community
- ▶ Structures of Dedicated Points of Contact
 - ▶ LME-MCO Based Point of Contact
 - ▶ County Based Point of Contact
 - ▶ Hybrid Model

Structure 1: LME-MCO Based Point of Contact

- ▶ DPOC on staff with LME-MCO, serving in an administrative role for the mental health population
- ▶ Primary duties of reviewing jail logs for known and past clients and notifying any current providers
- ▶ Challenges:
 - ▶ Challenge 1: Responsible for multiple points of interest
 - ▶ Challenge 2: Unable to provide services or treatment
 - ▶ Challenge 3: Difficult to identify inmates not currently or previously served by the LME-MCO

Structure 2: County Based Point of Contact

- ▶ DPOC housed within a department of the county
 - ▶ Similar structure to what existed prior to divestiture, when county was providing services and not just administering funds
- ▶ Primary duties of reviewing jail logs, reviewing positive screeners, provided clinical assessments on a limited basis, and worked to make connections with community programs upon release
- ▶ Challenge: Connection to services upon release

Structure 3: Hybrid Model

- ▶ Benefits
 - ▶ Multiple stakeholders are invested, which develops and sustains the position
 - ▶ Expands the capabilities of the DPOC
- ▶ Examples:
 - ▶ Catawba Valley Behavioral Health and the HUB
 - ▶ Criminal Justice Resource Center

Continuity of Care

- ▶ Goal: continuous care of the MI population both as offenders enter into the jail and upon their release into the community
- ▶ Jail as an opportunity to stabilize, engage or reengage in services, and prepare for exit
- ▶ Continuous engagement in services in the community may decrease the likelihood of recidivism
- ▶ What does the transfer of care look like from the jail to the community provider?

Challenges to Facilitating Continuity of Care

- ▶ Challenge 1: Predictability of release
 - ▶ Approach: Care Coordination
 - ▶ Approach: Discharge Planning
- ▶ Challenge 2: Provision of medication upon discharge
 - ▶ Approach: Partnership with local pharmacy
- ▶ Challenge 3: Accessibility of services
 - ▶ Approach: Engage peer support services

Key Takeaways

- ▶ No “right way” to tackle the issues that arise from housing inmates with mental illness in jails
 - ▶ SPAC publication highlights a number of methods for areas to consider
- ▶ Use community collaboration to work together to identify and define your mental health population, provide services where able, and connect to resources within the community
- ▶ All stakeholders have a vested interest in the outcomes, but no one entity has sole ownership of the challenges



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